



*Please fill out one registration form per child.
Please Print.*

Today's Date: _____

Check One: Are you a Mid-Michigan Children's Museum Member? () Yes () No

If yes, Please provide your member number: _____

1) Child's Information:

First Name _____ Last Name: _____

Check One: () Male () Female

Date of Birth _____ Age _____

Address _____

City, State, Zip Code _____

Phone Number (____) _____ - _____

2) Parent's/guardian Information:

Mother's Name _____

Cell Number _____ Home Number _____ Work Number _____

E-Mail _____

Father's Name _____

Cell Number _____ Home Number _____ Work Number _____

E-Mail _____

3) Please list any allergies that your child has

4) Emergency contact other than a parent

Name _____ Relation to child _____

Cell Number _____ Home Number _____ Work Number _____

5) Please list people including parent/guardian who are permitted to pick up your child

6) Registration Fee*: One day session is \$30, \$25 for MMCM Members. Two day session are \$55, \$50 for MMCM Members

Please circle the session number of the following sessions that you are registering for.

<u>Session</u>	<u>Date(s)</u>	<u>Theme</u>	<u>Cost</u>
1	Wed. & Thurs. June 23, 24	Grow a Garden	\$55/\$50
2	Thurs. & Fri. July 15, 16	Get Kid Fit	\$55/\$50
3	Monday July 26	Try It All	\$30/\$25
4	Wed. July 28	Try It All II	\$30/\$25
5	Monday, Aug. 9	MI History Alive	\$30/\$25
6	Wed. Aug. 11	MI History Alive II	\$30/\$25
7	Wed. & Thurs. Aug. 18, 19	Cook What You Grow	\$55/\$50



7) Payment Information

We accept all payment types in person. Checks by mail. Credit cards by phone.

*Payment is due at the time of registration (Please check payment type.

() Cash \$ _____ () Check \$ _____ () Credit \$ _____

8) Photo Release

We will be taking several photos of your children. Please complete the following photo release form giving us permission to use your child's photo.

Child's name: _____

I, (parent/guardian) _____ give the Mid-Michigan Children's Museum the right and permission to publish, without charge, photographs or video taken on (month/date/year) at (locations or event) _____.

These photographs or videos may be used in publications, including electronic publications, or in audio-visual presentations, promotional literature, and advertising or in other similar ways.

Parent/Guardian Signature _____ Print Name _____

Relationship to Child _____ Date: _____

Address: _____

City, state, zip code _____

9) Terms of agreement

It is a sole discretion of the Mid-Michigan Children's Museum (MMCM) to reserve the right to refuse admission to, or to require withdrawal of a camper, if necessary. MMCM is not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders.

If you agree to the registration, fees, and terms of agreement please sign and date your name below.

Parent/guardian signature _____

Date: _____

Child's Name _____ Child's Date of Birth: _____